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CONFIRMATION NO. 7300

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|---|---|--|-------------------------------|--|---------------------------|--------------------------------|
| SERIAL NUMBER 10/722,737 | FILING or 371(c) DATE 11/25/2003 RULE | CLASS 424 | GROUP ART UNIT 1616 | ATTORNEY DOCKET NO. BSG 021 US | | |
| APPLICANTS Bradley S. Galer, West Chester, PA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 02/26/2004 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ERNST V ARNOLD/</u> Examiner's signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY PA | SHEETS DRAWINGS 0 | TOTAL CLAIMS 11 | INDEPENDENT CLAIMS 3 |
| ADDRESS GUY DONATIELLO ENDO PHARMACEUTICALS 100 Endo Boulevard CHADDS FORD, PA 19317 UNITED STATES | | | | | | |
| TITLE Compositions and methods for treating neuropathic sensory loss | | | | | | |
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees | | |
| | | | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
| | | | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | |
| | | | | <input type="checkbox"/> 1.18 Fees (Issue) | | |
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